#### FORM D

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549



#### FORM D

# NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPT

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Name of Offering (  check if this is an amendment and name has changed, and indicate change.)  Issuance of Convertible Promissory Notes and Series C Convertible Participating Preferred Stock F	H-//584 RECEIVED Purchase Warrants, OFFICE OF THE SECRETARY
Filing Under (Check box(es) that apply):   Rule 504 Rule 505 Rule 506 Section 4(6)  Type of Filing:   New Filing Amendment	
A. BASIC IDENTIFICATION DATA	
Enter the information requested about the issuer	-
Name of Issuer ( check if this is an amendment and name has changed, and indicate change.) CES International, Inc.	THE CONTROL TO SERVICE STATES OF THE SERVICE OF THE SERVICE STATES
Address of Executive Offices (Number and Street, City, State, Zip Code) 11675 Rainwater Drive, Suite 500 Alpharetta, GA 30004	Telephone Number (Including Area Code) (770) 680-2600
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) same	Telephone Number (Including Area Code) same
Brief Description of Business Supplier of web-based real-time software solutions for utility companies.	PROCESSED
Type of Business Organization  ☑ corporation ☐ limited partnership, already formed ☐ other ☐ business trust ☐ limited partnership, to be formed	r (please specify): APR 0 3 2002
Month Year	THOMSON
Actual or Estimated Date of Incorporation or Organization: 0 3 07 0 1 🗵 Actual	☐ Estimated FINANCIAL
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for	
CN for Canada; FN for other foreign jurisdiction)	D E

#### **GENERAL INSTRUCTIONS**

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administration in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

#### **ATTENTION**

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

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#### Α. BASIC IDENTIFICATION DATA (continued) 2. Enter the information requested for the following Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose or direct the vote or disposition of, 10% or more of a class of equity securities of Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; Each general and managing partner of partnership issuers. ĭ Executive Officer ☐ Director ☐ General and/or Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner Managing Partner Full Name (Last name first, if individual) Jones, David M. Business or Residence Address (Number and Street, City, State, Zip Code) 11675 Rainwater Drive, Suite 500, Alpharetta, GA 30004 Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☑ Executive Officer ☐ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Miller, Neal L. Business or Residence Address (Number and Street, City, State, Zip Code) 11675 Rainwater Drive, Suite 500, Alpharetta, GA 30004 Check Box(es) that Apply: ☐ Promoter ☑ Beneficial Owner □ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Blend, John W., III Business or Residence Address (Number and Street, City, State, Zip Code) 11675 Rainwater Drive, Suite 500, Alpharetta, GA 30004 Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ General and/or Managing Partner Full Name (Last name first, if individual) Geisler, Kenneth I. Business or Residence Address (Number and Street, City, State, Zip Code) 2195 Zene Lane North, Plymouth, MN 55447 Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer □ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Costin, Kevin L. Business or Residence Address (Number and Street, City, State, Zip Code) 2486 Black Lake Road, Spring Park, MN 55384 Check Box(es) that Apply: ☐ Promoter ☒ Beneficial Owner ☐ Executive Officer □ Director ☐ General and/or Managing Partner

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

□ Director

☐ General and/or Managing Partner

Full Name (Last name first, if individual) Horing, Jeffrey

Full Name (Last name first, if individual) Lieberman, Jeffrey

Business or Residence Address (Number and Street, City, State, Zip Code)

Business or Residence Address (Number and Street, City, State, Zip Code)

Insight Venture Associates II, LLC, 680 Fifth Avenue, 8th Floor, New York, NY 10019

Insight Venture Associates II, LLC, 680 Fifth Avenue, 8th Floor, New York, NY 10019

Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer

#### 3. Enter the information requested for the following Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose or direct the vote or disposition of, 10% or more of a class of equity securities of Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; Each general and managing partner of partnership issuers. Check Box(es) that Apply: ☐ Promoter ☒ Beneficial Owner ☐ Executive Officer ☑ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Stallman, Brian Business or Residence Address (Number and Street, City, State, Zip Code) Cinergy Ventures, LLC, 221 East Fourth Street, Suite 30, Atrium II, Cincinnati, OH 45201 Check Box(es) that Apply: ☐ Promoter ☒ Beneficial Owner ☐ Executive Officer ☑ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) InSight Capital Partners II, L.P. and InSight Capital Partners (Cayman) II, L.P., InSight Venture Associates II, LLC, their General Partner Business or Residence Address (Number and Street, City, State, Zip Code) 680 Fifth Avenue, 8th Floor, New York, NY 10019 Check Box(es) that Apply: ☐ Promoter ☒ Beneficial Owner ☐ Executive Officer ☐ General and/or ☐ Director Managing Partner Full Name (Last name first, if individual) Imprimis SB, L.P., Imprimis SB GP, L.P., its General Partner Business or Residence Address (Number and Street, City, State, Zip Code) 411 West Putnam Avenue, Greenwich, CT 06830 Check Box(es) that Apply: ☐ Promoter ☑ Beneficial Owner □ Director ☐ Executive Officer ☐ General and/or Managing Partner Full Name (Last name first, if individual) Cinergy Ventures, LLC Business or Residence Address (Number and Street, City, State, Zip Code) 221 East Fourth Street, Suite 30, Atrium II, Cincinnati, OH 45201 Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) ☐ Director ☐ General and/or Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer Managing Partner Full Name (Last name first, if individual)

BASIC IDENTIFICATION DATA (continued)

Α.

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

Business or Residence Address (Number and Street, City, State, Zip Code)

	В.	INF	<u>ORMA</u>	TION.	ABOU'	I OFF	EKING						
1. H	las the issu	er sold or	does the is	suer intend	d to sell, to	non-accre	edited inve	stors in thi	s offering	?		Yes	No ⊠
				Answer	also in Ap	ppendix, C	Column 2, i	f filing und	der ULOE				
2. V	Vhat is the	minimum	investmen	t that will	be accepte	d from an	y individua	1?				\$0	
												Yes	No
3. [	Does the off	ering peri	mit joint o	wnership (	of a single	unit?	•••••		************		• • • • • • • • • • • • • • • • • • • •	L	$\boxtimes$
r P tl	Enter the information erson or age than five (5) the ealer only.	n for solici ent of a br	itation of p oker or de	ourchasers aler registe	in connect ered with the	ion with s he SEC an	ales of secu d/or with a	urities in th state or st	ne offering tates, list tl	. If a pers	on to be lis f the broke	sted is an r or deale	associate r. If mor
Full N	ame (Last r		if individu	ual)					\ <del>-</del> \				
Busin	ess or Resid		ress (Num	ber and St	reet, City,	State, Zip	Code)						
Name	of Associat	ted Broker	or Dealer										
	in Which P											🗖 Al	l States
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	(AR) (KS) (NH) (TN)	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]	
Full N	ame (Last r	name first,	if individu	ıal)		<del></del>	<u> </u>					<del></del> _	
Busine	ess or Resid	ence Addi	ress (Numl	per and Sti	reet, City,	State, Zip	Code)					· · · · ·	
Name	of Associat	ed Broker	or Dealer		-								
	in Which P											🗆 Al	l States
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Full N	ame (Last r	ame first,	if individu	ıal)				<u>`</u> `			·		
Busine	ess or Resid	ence Addı	ress (Numb	per and Str	eet, City, S	State, Zip	Code)						
Name	of Associat	ed Broker	or Dealer		<u> </u>								
	in Which P											🗀 Al	l States
(AL) (IL) (MT) (RI)	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	(FL) [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ÎD] [MO] [PA] [PR]	

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

## C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1. Enter the aggregate price of securities included in this offering and the total amount already

	Type of Security	_(	Aggregate Offering Price	A 	mount Already Sold
	Debt	\$	950,000	\$	950,000
	Equity	\$		\$	
	☐ Common ☐ Preferred				
	Convertible Securities (including warrants) Series C Preferred Stock Warrant	\$	525,000	\$	525,000
	Partnership Interests	\$	0	\$	0
	Other	<u>\$</u>	0	\$	0
	Total	\$	1,475,000	\$_	1,475,000
2.	Answer also in Appendix, Column 3, if filing under ULOE Enter number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."				Aggregate
			Number Investors		Oollar Amount of Purchases
	Accredited Investors		3	\$	1,475,000
	Non-accredited Investors		0		0
	Total (for filings under Rule 504 only)				
	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.  Type of offering		Type of	n	ollar Amount
	Type of offering	_	Security		Sold
	Rule 505	\$		\$	
	Regulation A	\$		\$	
	Rule 504	\$_		\$	
	Total	\$		\$	
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.				
	Transfer Agent's Fees	•••••		\$	0
	Printing and Engraving Costs	•••••		\$	0
	Legal Fees (estimate)		⊠	\$	40,000
	Accounting Fees	• • • • • • •		\$	0
	Engineering Fees	•••••		\$	0
	Sales Commissions (Specify finder's fees separately)			\$	0
			cena	\$	350
	Other Expenses (identify) blue sky filing fees	• • • • • •	X	Ψ	

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES A (continued)	ND US	E OF PR	COCEE	DS
b. Enter the difference between the aggregate offering price given in response to Part C-Question 1 and total expenses furnished in response to Part C-Question 4.a. This difference is the "adjusted gross proceeds to the issuer."			\$	1,434,650
Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal adjusted gross proceeds to the issuer set forth in Part-C-Question 4.b. above.				
	-	nents to		
		ficers, ctors. &		D
		iliates		Payments to Others
Salaries and fees	<u> </u>	0		
Purchase of real estate	<u> </u>	0		
Purchase, rental or leasing and installation of machinery and equipment		0	<u></u> \$	
Construction or leasing of plant buildings and facilities	\$		□ <u>\$</u>	(
Pursuant to a merger)	\$	0	□\$	0
Repayment of indebtedness		0	□\$	
Working capital		0	<u>-</u> -	1,434,650
Other (specify)	\$	0	<u>\$</u>	(
Column Totals	\$	0	⊠\$	1,434,650
Total Payments Listed (column totals added)		⊠ \$1	,434,650	

signature constitutes an undertaking by		rson. If this notice is filed under Rule 505, the following change Commission, upon written request of its staff, the )(2) of Rule 502.
Issuer (Print or Type) CES International, Inc.	Signature Myll	Date 3/6/02
Name of Signer (Print or Type)	Title of Signer (Print or Type)	
Neal L. Miller	Chief Financial Officer	,

FEDERAL SIGNATURE

### **ATTENTION**

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	E.	STATE SIGNAT	URE
1.			(c), (d), (e) or (f) presently subject to any of the disqualification provisions of such Yes No
			See Appendix, Column 5, for state response.
2.	_	ned issuer hereby undertakes 500) at such times as require	to furnish to any state administrator of any state in which this notice is filed, a notice on Form D d by state law.
3.	The undersig offerees.	ned issuer hereby undertakes	to furnish to the state administrators, upon written request, information furnished by the issuer to
4.	Offering Exe	mption (ULOE) of the state	issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited in which this notice is filed and understands that the issuer claiming the availability of this hat these conditions have been satisfied.
	issuer has read authorized per		the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned
Issu	er (Print or Typ	pe)	Signature Date
CE	S Internationa	d, Inc.	Myll 3/6/02
Nan	ne of Signer (Pr	int or Type)	Title of Signer (Print or Type)
Ne	al L. Miller		Chief Financial Officer

# APPENDIX

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1	Non-a Inve S	I to sell to ccredited stors in state B-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	Number of		Disqualification Under State ULOE (if yes, Attach Explanation of Waiver granted) (Part E-Item 1)			
				Number of Accredited		Number of Nonaccredited			
State AL	Yes	No X		Investors	Amount	Investors	Amount	Yes	No
AK		X	<u> </u>						
AZ		X						· · · · · · · · · · · · · · · · · · ·	
AR		X							<u> </u>
CA		X							
СО		X							
СТ		X							
DE		X			<u> </u>				
DC		X							
FL		X							
GA		X	Convertible Promissory	1	\$388,156	0	0		X
н	<del></del> ,	X	Note and Warrant						
ID		X							
IL		X							<u> </u>
IN		X					,		
		L							
IA		X							
KS		X							
KY		X							
LA		X							
ME		X		<del>,</del>	7			1	
MD		X						-	
MA		X		1					
MI		X							
MN		X						<u>.                                    </u>	
MS		X		<u> </u>					
MO	*	X							
MT		X							
				9 of 10			ĺ		

#### APPENDIX

1		2	3	4 5							
	Non-a Inve S	i to sell to ccredited stors in state B-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)			Disqualification Under State ULOE (if yes, Attach Explanation of Waiver granted) (Part E-Item 1)					
State	Yes	No		Number of Accredited Investors	Amount	Number of Nonaccredited Investors	Amount	Yes	No		
NE		X									
NV		X	-			·		•			
NH		X									
NJ		X									
NM		X							<u> </u>		
NY		X	Convertible Promissory Note and Warrant	2	\$543,422	0	0		X		
NC	<u> </u>	X							\		
ND		X									
ОН		X	Convertible Promissory Note and Warrant	1	\$543,422	0	0		X		
ОК		X									
OR		X									
PA		X					·				
RI		X									
sc		X									
SD		X									
TN		X									
TX		X									
UT		X									
VT		X									
VA		X									
WA		X									
wv		X						<u></u>			
WI	· <u></u>	X									
WY		X									
PR		X									